| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11932520** | **10/18/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OUR FAMILYASSISTED LIVING FACILITY III, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1310 SW 76TH AVENUE**<br>**MIAMI, FL 33144** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on , 2018. Our Family Assisted Living Facility III (license #4064) with limited mental health component had the following deficiencies identified at time of the survey:

**0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS**

Based on record review and interview the facility failed to ensure one out of four (C) sampled staff received the initial training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Finding included:

Review found Staff C, hired , did not have evidence of the initial medication training. The last training in medications were for two hours dated and .

On at 3:00 PM the Administrator acknowledged Staff C did not have the initial 4 hours for medications training available.

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC**

Based on record review and interview the facility failed to have the 3 hours limited mental health continuing education training for one out of four (D) sampled staff.

Findings included:

Record review showed the facility has a standard license with Limited Mental Health component.

Review found Staff D, hired on , last three hours limited mental health continuing education training was dated and expired .

On at 3:00 PM the Administrator acknowledge Staff D did not have the updated training.

Class III

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